

<b>UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL</b> (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. <b>AMPC 5077</b>	
		First Inventor <b>Brian J. Smith</b>	
		Title <b>A Passive Radar Detector for Dualizing Missile Seeker Capability</b>	
		Express Mail Label No.	

  

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Filing Fee included (hereinbelow) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [ Total Pages <b>9</b> ] (Preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross reference to related applications</li> <li>- Statement regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- BRIEF Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claims</li> <li>- Abstract of the Disclosure</li> </ul> 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <b>2</b> ] 4. Oath or Declaration [ Total Pages <b>2</b> ] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))              (for continuation/divisional with Box 12 completed)</li> <li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>              Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>	5. <input type="checkbox"/> Application Data Sheet. See 37CFR 1.76 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>ACCOMPANYING APPLICATION PARTS</b>          6. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))          7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)              <input type="checkbox"/> Power of Attorney          8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations          9. <input type="checkbox"/> Preliminary Amendment          10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)              (Should be specifically itemized)          11. <input type="checkbox"/> Other: _____       </div>
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12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____ Prior application information:    Examiner: _____    Group Art Unit: _____	
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<b>FEE TRANSMITTAL ELEMENTS</b> TOTAL AMOUNT OF PAYMENT <b>\$ 770.00</b> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <b>19-2201</b> Deposit Account Name <b>Headquarters, U.S. Army Material Command</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<b>LARGE ENTITY FEE CALCULATION</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEE CODE</th> <th style="text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">1001</td> <td style="text-align: center;">\$770.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">1201</td> <td></td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">1202</td> <td></td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td></td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td style="text-align: center;">\$770.00</td> </tr> </tbody> </table>		FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	1001	\$770.00	2. Independent claims in excess of 3	1201		3. Claims in excess of 20	1202		4. Additional Fees			5. Other Fees (specify) _____			Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$770.00
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This form is based on information taken from USPTO Forms PTO-FB-610, PTO/SB/05 (03-01) and PTO/SB/17 (11-00)

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